

PAGE	1	OF	6
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00526673       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Emily Fischer</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 29 / 2014</div> </div>	
Mailing Address 429 E. 14th Ave. Apt. J		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2561.43</div>	
City State Zip Code Denver CO 80203	<b>Transaction ID : SE.5163</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Purpose of Expenditure Reimbursement for printing campaign materials	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>		
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1815703.61</div>			

Full Name of Payee <b>Emily Fischer</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 29 / 2014</div> </div>	
Mailing Address 429 E. 14th Ave. Apt. J		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">680.00</div>	
City State Zip Code Denver CO 80203	<b>Transaction ID : SE.5186</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Purpose of Expenditure Reimbursement for postage for mailing campaign materials	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1861782.83</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">3241.43</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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10 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Anusha Narayanan</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>37593 Summer Holly Common</b>			Amount <b>1482.32</b>		
City <b>Fremont</b>	State <b>CA</b>	Zip Code <b>94536</b>	Transaction ID : <b>SE.5188</b>		
Purpose of Expenditure Reimbursement for printing campaign materials		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>		
Name of Federal Candidate <b>Mark E Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1859912.83</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>POSTNET</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>1312 17TH STREET</b>			Amount <b>776.59</b>		
City <b>DENVER</b>	State <b>CO</b>	Zip Code <b>80202</b>	Transaction ID : <b>SE.5165</b>		
Purpose of Expenditure Printing campaign materials		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>		
Name of Federal Candidate <b>Mark E Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1816480.20</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2258.91</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rising Tide Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>901 New York Ave. NW</b> <b>#470</b>			Amount <b>11539.09</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.5181</b>		
Purpose of Expenditure Online advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>Mark E Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1771073.13</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Rising Tide Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>901 New York Ave. NW</b> <b>#470</b>			Amount <b>119314.11</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.5182</b>		
Purpose of Expenditure Online advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>CORY Cory GARDNER</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1759534.04</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>130853.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY /  /

Full Name of Payee <b>The Strategy Group, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1603 Orrington Ave. Suite 31730		Amount 25000.00
City Evanston	State IL	Zip Code 60201
Purpose of Expenditure Printing and shipping campaign materials	Category/ Type 006	Transaction ID : SE.5195 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>WINNING CONNECTIONS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 317 PENNSYLVANIA AVE, SE 2ND FLOOR		Amount 41652.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure GOTV phonebanks	Category/ Type 003	Transaction ID : SE.5177 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66652.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WORK FOR PROGRESS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>	
Mailing Address <b>1543 WAZEE STREET STE 440</b>		Amount <b>4.20</b>	
City <b>DENVER</b>	State <b>CO</b>	Zip Code <b>80202</b>	Transaction ID : <b>SE.5193</b>
Purpose of Expenditure Postage for mailing campaign materials to voters		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>
Name of Federal Candidate <b>Mark E Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>1771077.33</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	<b>204498.05</b>

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